MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
04/739.3.31	12-19-00
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
(1)	/							51		/				
2		/						52		/				
3		/						53		/				
4		/						(54)	/					
5		/						55	/					
6		/						56		/				
7		/						57		/				
8		/						58		/				
9		/						59		/				
10		/						60		/				
11								61		/				
12		/						62						
13		/						(63)	/					
14		/						64						
15		/						65						
16		/						66						
17		/						67						
18		/						68						
19		/						69						
(20)	/							70						
21		/						71						
22		/						72						
23		/						73						
24		/						74						
25		/						75						
26		/						76						
27		/						77						
28		/						78						
29		/						79						
30		/						80						
(31)	/							81						
32		/						82						
33		/						83						
34		/						84						
35		/						85						
36		/						86						
37								87						
38								88						
39		/						89						
40		/						90						
(41)	/							91						
42		/						92						
43	/							93						
44		/						94						
45		/						95						
46	/	/						96						
47		/						97						
48		/						98						
49		/						99						
50		/						100						
TOTAL IND.	6							TOTAL IND.						
TOTAL DEP.	58							TOTAL DEP.						
TOTAL CLAIMS	64							TOTAL						